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| | | President, Remcore, Inc. | Title and Company |
| Telephone 413-222-4852 | Te | Kevin Jorczek | Name |
| | Date | | Signature |
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| | d herewith or filed on | Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTC/SB/96) submitted herewith or filed on | X Assignee of rec |
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| | | A Power of Attorney is submitted herewith. | A Power of At |
| application. | າ the above-identified | I hereby revoke all previous powers of attorney given in the above-identified application | I hereby revoke al |
| r 187003-0001 | Attorney Docket Number | | |
| Douglas, Steven O. | Examiner Name | CHANGE OF CORRESPONDENCE ADDRESS | CHANGE OF CO |
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| REMOTE CONTROL GAS REGULATION SYSTEM | Title | WITH A NEW POWER OF ATTORNEY | WITH A NEW |
| Jorczak et al. | First Named Inventor | OF BOWIED OF ATTORNEY | BEVOCATION |
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This collection of information is required by 37 CFR 131, 132 and 133. The information is required to obtain or relatin a benefit by the public which is to till (and by the USPTO to process) an application, Confidentially is governed by 38 LSC, 132 and 37 CFR 111 and 114. This collection is estimated to late 8 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case, Any comments on the amount of time your require to complete ints form and/or suggestions for reducing this burden, should be sunt to the Clinic information Officer, U.S. Patient and not determine the complete ints form and/or suggestions for reducing this burden, should be sunt to the Clinic information Officer, U.S. Patient and Abbandards, VA 223 154-1650, DO GOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FOI Committee for Patients, p. 20. Box 4460, Abexandria, VA 223 33-4450.